

7/31/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
P1800066062

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000219525 3)))



H180002195253ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
OB Lightburn, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

2018 JUL 31 PM 12: 29

EXCELSIONS
CORPORATE
SERVICES
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUL 31 AM 9: 12

FILED

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: OB Lightburn, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: Oscar Blandi
6235 Lightburn Way
Naples, FL 34113
Mailing address, if different is: c/o Oscar Blandi
1175 York Ave, Apt. 15H
New York, NY 10065

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful purposes for which a Corporation may be formed.

FILED
2018 JUL 31 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oscar Blandi, Director Name and Title: _____
Address: 1175 York Ave, Apt. 15H Address: _____
New York, NY 10065 Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BlumbergExcelsior Corporate Services, Inc.

Address: 155 Office Plaza Drive, 1st Fl.

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TATYANA KUKULIYEVA

Address: 16 COURT ST, 14TH FL

BROOKLYN, NY 11241

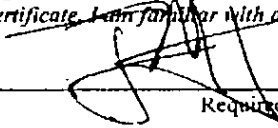
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

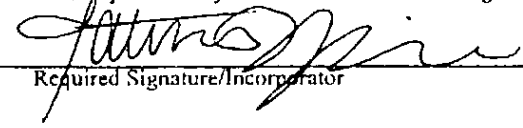
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

	7/31/18
_____ Required Signature/Registered Agent	_____ Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	7/31/2018
_____ Required Signature/Incorporator	_____ Date